## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

appropriate. All further cor	respondence including the P below or directed otherwise	atent advance ord	ders and notification	of maintenance fees	will be mailed to the curren s; and/or (b) indicating a sep	t correspondence address as	
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for a	ny change of address)		Fee(s) Transmittal, T	of mailing can only be used this certificate cannot be used nal paper, such as an assignment	for any other accompanying	
26874 75	590 03/31/2005		OIP	have its own certifica	ite of mailing or transmission.	ioni or rottilar drawing, musi	
FROST BROWN	TODD, LLC		1.7	C	ertificate of Mailing or Tran	smission	
2200 PNC CENTE	R	. [ ]111	1 1 6 mm 6	I hereby certify that	this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE address PTO (703) 746–4000, on the	ng deposited with the United	
201 E. FIFTH STR		图	1 6 2005	addressed to the M	ail Stop ISSUE FEE address	s above, or being facsimile	
CINCINNATI, OH		1	Land I	transmitted to the US	PTO (703) 746-4000, on the		
6/17/2005 SDIRETA2 00	000034 10661257	\$ IR	1DEMARK OFF	BANN SCBry	Mand 1	(Depositor's name)	
1 FC:1501 12 FC:1504	1400.00 OP 300.00 OP		OEMAN	June 14, 2	2005	(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/661,257	09/12/2003	Rory Smith			1116109-0012-CIP	7776	
TITLE OF INVENTION: APPARATUS FOR TESTING ARAMID FIBER ELEVATOR CABLES							
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/30/2005	
EXAMINER		ART UNI	T C	LASS-SUBCLASS	]		
SAINT SURIN	, JACQUES M	2856		073-597000			
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat	e address or indication of "Fee lence address (or Change of C 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use	orrespondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON TI	HE PATENT (print	or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified beloat CFR 3.11. Completion of	ow, no assignee d this form is NOT	ata will appear on a substitute for filin	the patent. If an assig g an assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE				IDENCE: (CITY and STATE OR COUNTRY)			
Thyssen Elevator Capital Corp. White				ittier, CA			
lease check the appropriate	assignee category or categori	es (will not be prir	nted on the patent):	Individual 🖎 (	Corporation or other private gr	oup entity Government	
a. The following fee(s) are	enclosed:		Payment of Fee(s):				
Issue Fee	A check in the amount of the fee(s) is enclosed.						
_	mall entity discount permitted		Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	Copies	[	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $06-2226$ (enclose an extra copy of this form).				
	(from status indicated above)						
	MALL ENTITY status. See 37				ALL ENTITY status. See 37 C		
The Director of the USPTO in IOTE: The Issue Fee and Punterest as shown by the reconstruction.	s requested to apply the Issue ablication Fee (if required) wi rds of the United States Paten	Fee and Publication Il not be accepted tand Trademark C	on Fee (if any) or to from anyone other t Office.	re-apply any previous han the applicant; a reg	ly paid issue fee to the applications are attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature			Date \$/14/05				
Typed or printed name <u>Kevin S. Sprecher</u>			· .	Registration	1 No. 42,165		
his collection of information	n is required by 37 CFR 1.311	. The information	is required to obtain	or retain a benefit by	the public which is to file (an	d by the USPTO to process)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.